

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		1					59						
10		1					60						
11		1					61						
12		7					62						
13		7					63						
14		7					64						
15		7					65						
16		7					66						
17		①					67						
18		①					68						
19		①					69						
20	1						70						
21		1					71						
22		1					72						
23		3					73						
24		①					74						
25							75						
26							76						
27							77						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	58	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	60						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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